



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P. O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377; 1-800-253-9933
www.sdcounty.ca.gov/deh/hmd/forms_hmd.html



Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION				
Facility Name:			UPF Permit #	
Facility Address:			Testing Date: ____ / ____ / ____	
Facility Contact:		Phone: () ____ - ____		
Date Local Agency Was Notified of Testing : ____ / ____ / ____				
Name of Local Agency Inspector (if present during testing):				
2. TESTING CONTRACTOR INFORMATION				
Company Name:				
Technician Conducting Test:				
Credentials ¹ : <input type="checkbox"/> CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____				
License Number(s):				
3. SPILL BUCKET TESTING INFORMATION				
Test Method Used: <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used:			Equipment Resolution:	
SPILL BUCKET ID	1	2	3	4
Tank #:				
Product contained:				
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:				
Bucket Depth:				
Wait time between applying vacuum/water and start of test:				
Test Start Time (T _I):				
Initial Reading (R _I):				
Test End Time (T _F):				
Final Reading (R _F):				
Test Duration (T _F - T _I):				
Change in Reading (R _F - R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____ Date: ____ / ____ / ____

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.